Service Center Operational Information

Please Type or Print Clearly:

Submitter Information:

NAME:

ADDRESS:	CITY:	STATE:	ZIP:

CONTACT NAME FOR REJECTS:

PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:

If Terminating a Service Center or a Transaction:

Terminated Electronic Batch Transaction Types:

☐ Eligibility Req/Resp (270/271)   ☐ Dental Claims (837-D)

☐ Claims Status Req/Resp. (276/277)   ☐ Institutional Claims (837-I)

☐ Service Authorizations (278/278)   ☐ Professional Claims (837-P)

☐ Remittance Advice (835)   ☐ Pharmacy Claim (NCPDP)

Software Vendor Information:

SOFTWARE VENDOR:	CONTACT NAME:		

ADDRESS:	CITY:	STATE:	ZIP:

PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:

To Be Completed By ACS:

SERVICE CENTER NUMBER:	PROVIDER MASTER FILE UPDATED: Date:
SERVICE CENTER FILE UPDATED: Date:	SERVICE CENTER PUT INTO PRODUCTION: Date
SERVICE CENTER PUT INTO TEST: Date:	NOTES:

Fax to: 1-888-335-8460 or
Email to: Virginia.EDISupport@acs-inc.com or
Mail Original to:
Affiliated Computer Services, Inc.
A Xerox Company
EDI Coordinator
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